

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Use type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

MAY 15 1981

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MI #26

MIS-000-001-001

**A Person Required to Notify:**

Enter the name and address of the person or organization required to notify.

Name ACE CONTROLS, INC.  
Street 23435 INDUSTRIAL PARK DRIVE  
City FARMINGTON State MI Zip Code 48024

**B Site Location:**

Enter the common name (if known) and actual location of the site.

Name of Site ACE CONTROLS, INC.  
Street 23435 INDUSTRIAL PARK DRIVE  
City FARMINGTON County OAKLAND State MI Zip Code 48024

MID006405419

**C Person to Contact:**

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) COLLIAN, JOEL D.  
Phone 313-476-0213

**D Dates of Waste Handling:**

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1975 To (Year) PRESENT

**E Waste Type: Choose the option you prefer to complete**

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

**General Type of Waste:**

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☒ Other (Specify)

CORROSIVE

**Source of Waste:**

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☒ Other (Specify)

BLACK OXIDE

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

**Specific Type of Waste:**

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.


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EPA Region 5 Records Ctr.



372162

## Notification of Hazardous Waste Site

## Side Two

**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) PROCESSING TANKS

**Total Facility Waste Amount**

cubic feet

gallons, 300 GAL**Total Facility Area**

square feet

acres 2 1/2**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

**Note:** Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name ACE CONTROLS, INC.Street 23435 INDUSTRIAL PK DRCity FARMINGTON State MI Zip Code 48104Signature JOEL A. ALLEN Date 5-11-81

- ☐ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☒ Operator, Present  
☐ Operator, Past  
☐ Other